STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
**Board of Barbering and Cosmetology**
P.O. Box 944226, Sacramento, CA 94244-2260
P (800) 952-5210 F (916) 575-7281 | www.barbercosmo.ca.gov

# REQUEST FOR REASONABLE ACCOMMODATION

| ATS ID Number |
|---|

In order to arrange for the requested accommodations, all requests and supporting documentation need to be submitted to the Board of Barbering and Cosmetology as soon as possible to avoid any delay in scheduling the examination date.

## SECTION A: APPLICANT INFORMATION

| Social Security Number | Date of Birth |
|---|---|
| ☐☐☐ - ☐☐ - ☐☐☐☐ | ☐☐ - ☐☐ - ☐☐☐☐ (Month – Day – Year) |

| Last Name | First | Middle |
|---|---|---|
| | | |

| Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Residence Telephone Number | Daytime or Cell Telephone Number |
|---|---|
| ( ) | ( ) |

Email Address (not required)

## SECTION B: REQUIREMENTS FOR SPECIAL ACCOMMODATION REQUESTS:

The Board considers all requests on a case by case basis. If your request involves modification of examination procedures it will be necessary for testing staff to speak with you regarding specific arrangements. Therefore, it is ***IMPORTANT*** that you provide a daytime telephone number.

You are required to submit documentation from the licensed professional or learning institution that rendered the diagnosis. Verification must be submitted to the Board on the letterhead stationary of the profession or authority and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or licensed professional rendering the diagnosis
- Original signature of the medical authority or licensed professional rendering the diagnosis
- Professional license or certification number of the medical authority or licensed professional rendering the diagnosis
- If this request is for a learning impairment and you are supplying your own reader or signer, Forms G & H must be completely filled out with photos of the reader or signer

If your disability is observable and your request does not involve modifying examination procedures, but is limited to wheelchair space, special seating or equipment needs, it is not necessary to obtain professional verification.

## SECTION C: REQUESTED ACCOMMODATION

Check any special accommodations you require (requests must concur with certification of the medical authority or licensed professional rendering the diagnosis and the supporting documentation)

☐ **Reader**
- ☐ I am supplying my own reader (Include Forms G & H)
- ☐ I want the Board to provide a reader*

☐ **American Sign Language (ASL) Interpreter**
- ☐ I am supplying my own ASL interpreter (Include Forms G & H)
- ☐ I want the Board to provide an ASL interpreter*

☐ Private Room**

☐ Extended Time (Written portion only):
☐ 1 (one) additional hour ☐ 1/2 (one-half) additional hour

☐ Special seating or equipment needs (i.e., wheelchair access, etc.). Please specify:_____

* *Applicants using a ASL interpreter MUST schedule the written exam at least 3 to 4 weeks in advance by calling 1-877-392-6422 and you must notify the Board of the examination date so accommodations can be set up.*

** Applicants requesting a private room must schedule their written exam AFTER receiving the notification for the practical examination by calling 1-877-392-6422. Private rooms **CANNOT** be provided at the Board's exam sites; if applicant is scheduled for the complete exam, the written portion must be taken on a different day

**Is your disability observable?** ☐ **YES** ☐ **NO**

Nature of disability:

_____

_____

_____

_____

A. Please provide your diagnosis of the applicant's disability. Attach any documentation that will help to verify the need for this accommodation. Documentation should include verification of testing to identify the specific learning impairment.

B. Is the requested accommodation an appropriate aid for this disability which would be likely to increase the candidate's ability to accurately demonstrate his/her knowledge and skill on this examination? ☐ **YES** ☐ **NO**

If NO, specify the recommended accommodation:_____

_____

_____ _____

Signature of Professional Date

_____ (_____)_____

Typed or Printed Name of Professional Telephone Number

**APPLICANTS REQUIRING NEW VERIFICATION (No previous request):**

Contact the medical authority or licensed professional rendering the diagnosis. Have them complete the MEDICAL VERIFICATION portion of this form and provide the information requested above.

**APPLICANTS WITH PREVIOUS VERIFICATION**:

**PREVIOUS FILE NUMBER:** _____**PREVIOUS EXAM DATE**: _____

Name of medical authority or licensed professional rendering the diagnosis:_____

Phone number and address of medical authority or licensed professional rendering the diagnosis: (  )_____-_____

_____

*I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.*

| Signature of Applicant | Date |
|---|---|
| | |

*In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the Board of Barbering and Cosmetology (Board) provides "Reasonable Accommodation" for applicants with disabilities that may affect their ability to take required examinations. It is the applicant's responsibility to notify the Board if reasonable accommodation is needed. The Board is not required by the ADA to provide accommodations if it is not informed of your needs. The information requested below and any documentation regarding your disability will be considered strictly confidential and will not be shared with any outside source without your express written permission.*

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## INFORMATION COLLECTION, ACCESS AND DISCLOSURE

***This statement is for your information.**

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

**AGENCY NAME:**
Board of Barbering and Cosmetology

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:**
Executive Officer

**ADDRESS:**
2420 Del Paso Road, Suite 100, Sacramento, CA 95834

**INTERNET ADDRESS:**
www.barbercosmo.ca.gov

**TELEPHONE AND FAX NUMBERS:**
(916) 574-7570 phone (916) 575-7281

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:**
Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

**CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:**
It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:**
The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:**
Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure**.

**SOCIAL SECURITY NUMBER (SSN) DISCLOSURE**
Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.